30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN				CHECKLIST EFF DA			
DEPLOYABLILITY (SOLDIER) / T	ΓRAINING	RATIN	G	1 OCTOBER 2004	4	1 01	· 2
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUMI
I	ГЕМ	I			YES	NO	NA
TASK: Demonstrate that Soldier	s in the unit	are deplo	oyab]	le.			
<b>CONDITIONS</b> : Given the refere operating procedures.	nces listed b	oelow, and	d the	unit's standard			
STANDARD: The unit demonstr	ates proficie	ncy in de	ploya	ability training for			
the Soldier.							
1. REFERENCES:							
a. AR 600-8-101, Personnel Processing).	rocessing (Ir	n- and Out	t- an	d Mobilization			
b. AR 614-30, Overseas Servi	ce.						
c. USAREUR Regulation 600-	8-101, USAF	REUR Sol	dier	Readiness Program.			
d. Memorandum, HQ, V Corps Deployability Criteria.	s, AETV-GCT	, 13 Marc	h 19	98, subject:			
2. PURPOSE: To assess the unit	c's Soldier D	eployabili	ty Pı	rogram.			
3. SPECIFIC QUESTIONS:							
a. Is the unit commander ensu Soldier Readiness Program (SRP)		00% of de	ploy	ing soldiers are			
b. Is action being taken to add soldiers in categories III and IV n			ie co	onditions which make			
c. Are readiness deficiencies processing (PDP) assessment?	corrected at	the semia	annu	al pre-deployment			
d. Does the unit the USAREU being deployable at all times?	JR standard	of 94% of	repe	ortable soldiers			
e. Is the commander taking a non-deployable soldiers in the un		easures to	o mir	nimize the number of			
f. Is the unit briefing deployal training brief or TMR?	oility status l	by catego	ry at	t the semi-annual			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN DEPLOYABILITY (UNIT) / TRA	ATE AREA:		IG	1 OCTOBER 200		PAG 2 O	
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUM
I	ТЕМ				YES	NO	NA
h. V Corps Deployment SOP.							
(1) Annex C (Movement)?							
(2) Annex D (Deployment Co	ommand and	Control)	?				
i. Local ASG SOP for Rail Move	ement?						
NOTES:							
				<del></del>			
	VED	IDICATIO					
	VER.	IFICATIO	JIN				
	Unit	POC Sig	natur	re, Name, Rank, Date			
	X			 ure, Name, Rank,			
Date	mspe	ector's S	ignau	ure, Name, Rank,			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN			!	CHECKLIST EFF D	ATE:	PAG1	E
COMMON TASK TEST (CTT) / T	RAINING	RATIN	G	1 OCTOBER 200	4	1 01	Ŧ <b>2</b>
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	SPECTOR'S NAME &	z PH(	ONE	NUME
Г	ГЕМ	•			YES	NO	NA
TASK: Demonstrate that the unit	is conductin	g CTT fo	r all a	assigned Soldiers.			
<b>CONDITIONS:</b> Given the referer operating procedures.	nces listed be	elow, and	the u	ınit's standard			
STANDARD: The unit demonstra	ites proficien	icy in cor	iducti	ng CTT.			
1. REFERENCES:							
a. Soldier's Manual of Commo	n Tasks FY-0	5 CTT Ta	sks				
b. USAREUR Reg 350-1, Traini	ng in USARI	EUR					
2. PURPOSE: To assess the unit'	s ability to c	onduct C	TT				
3. SPECIFIC QUESTIONS:							
a. Do all soldiers have access t applicable? (V Corps CTG)	to STP 21-1-9	SMCT an	d STI	21-24-SMCT as			
b. Are copies of the Notice for Administration of the Common Task Test (CTT) for the c Corps CTG)							
c. Are all soldiers in skill level assignment, taking a CTT every fiscal year? (Chapter 4				of MOS and duty			
d. Are CTT tasks evaluated on 9 April 2003)	ly in the han	ds-on mo	de? (	Para 4-5, AR 3501,			
e. Are soldiers being tested for CTG)	r record only	once pe	r fisca	al year? (V Corps			
f. Are soldiers taking the test i Corps CTG)	ndividually a	and being	scor	ed one at a time? (V			
g. Are soldiers scoring a "No-C an opportunity to do the ta Go" score for the task? (V	sk correctly						
h. Is the unit aware of the V Co CTT? (V Corps CTG)	orps standar	d for suc	cessf	ully completing the			
i. Are CTT results being record		<i>J</i> 1	any :	Information System			

FUNCTIONAL AREA/SUBORDINATE AREA: COMMON TASK TEST (CTT) / TRAINING  CHECKLIST EFF DATE: PAGE 1 OCTOBER 2004 2 OF 2	30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION		
INSPECTION OFFICE/AGENCY G-3  ITEM  J. Are CTT results being recorded in the Leader Book (Appendix B, FM 25-101) retained by first-line supervisors as a basis for input to the commander's assessment of soldier and leader proficiency? (Para 4-5, AR 350-1, 9 Aril 2003)  k. Are individual soldiers being exempted from the CTT by a commander in the rank of LTC or above only for authorized reasons? (Para 4-5, AR 350-1 and V Corps CTG)  NOTES:  VERIFICATION  X  Unit POC Signature, Name, Rank, Date  X  Inspector's Signature, Name, Rank,				'	CHECKLIST EFF DA	TE:	PAG	E
J. Are CTT results being recorded in the Leader Book (Appendix B, FM 25-101) retained by first-line supervisors as a basis for input to the commander's assessment of soldier and leader proficiency? (Para 4-5, AR 350-1, 9 Aril 2003)  k. Are individual soldiers being exempted from the CTT by a commander in the rank of LTC or above only for authorized reasons? (Para 4-5, AR 350-1 and V Corps CTG)  NOTES:  VERIFICATION  X  Unit POC Signature, Name, Rank, Date  X  Inspector's Signature, Name, Rank,	COMMON TASK TEST (CTT) / T	RAINING	RATIN	IG	1 OCTOBER 2004	1	2 01	F 2
J. Are CTT results being recorded in the Leader Book (Appendix B, FM 25-101) retained by first-line supervisors as a basis for input to the commander's assessment of soldier and leader proficiency? (Para 4-5, AR 350-1, 9 Aril 2003)  k. Are individual soldiers being exempted from the CTT by a commander in the rank of LTC or above only for authorized reasons? (Para 4-5, AR 350-1 and V Corps CTG)  NOTES:  VERIFICATION  X  Unit POC Signature, Name, Rank, Date  X  Inspector's Signature, Name, Rank,		UNI	[T	INS	 SPECTOR'S NAME &	PHO	ONE	NUM
j. Are CTT results being recorded in the Leader Book (Appendix B, FM 25-101) retained by first-line supervisors as a basis for input to the commander's assessment of soldier and leader proficiency? (Para 4-5, AR 350-1, 9 Aril 2003)  k. Are individual soldiers being exempted from the CTT by a commander in the rank of LTC or above only for authorized reasons? (Para 4-5, AR 350-1 and V Corps CTG)  NOTES:  VERIFICATION  X  Unit POC Signature, Name, Rank, Date  X  Inspector's Signature, Name, Rank,	0.0					Ī		
retained by first-line supervisors as a basis for input to the commander's assessment of soldier and leader proficiency? (Para 4-5, AR 350-1, 9 Aril 2003)  k. Are individual soldiers being exempted from the CTT by a commander in the rank of LTC or above only for authorized reasons? (Para 4-5, AR 350-1 and V Corps CTG)  NOTES:  VERIFICATION  X  Unit POC Signature, Name, Rank, Date  X  Inspector's Signature, Name, Rank,	I	ГЕМ				YES	NO	NA
the rank of LTC or above only for authorized reasons? (Para 4-5, AR 350-1 and V Corps CTG)  NOTES:  VERIFICATION  X  Unit POC Signature, Name, Rank, Date  X  Inspector's Signature, Name, Rank,	retained by first-line supervisors as	s a basis for i	input to	the co	mmander's			
VERIFICATION  X  Unit POC Signature, Name, Rank, Date  X  Inspector's Signature, Name, Rank,	the rank of LTC or above only for a							
X Unit POC Signature, Name, Rank, Date X Inspector's Signature, Name, Rank,	NOTES:							
Unit POC Signature, Name, Rank, Date  X  Inspector's Signature, Name, Rank,								
Unit POC Signature, Name, Rank, Date  X  Inspector's Signature, Name, Rank,								
Unit POC Signature, Name, Rank, Date  X  Inspector's Signature, Name, Rank,								
Unit POC Signature, Name, Rank, Date  X  Inspector's Signature, Name, Rank,								
Unit POC Signature, Name, Rank, Date  X  Inspector's Signature, Name, Rank,								
Unit POC Signature, Name, Rank, Date  X Inspector's Signature, Name, Rank,			IFICATI(	ON				
Inspector's Signature, Name, Rank,		Unit	POC Sig	natur	e, Name, Rank, Date			
	Data		ector's S	ignatı	 ure, Name, Rank,			
	Date							

	dical Brigade DINSPECTIO				DATE OF INSPEC	TION		
FUNCTIONAL ARE	A/SUBORDIN	ATE AREA:		ıG	CHECKLIST EFF I			
O PROFESSIONAL	DEVELOPME	ENT (NCOD	P)		1 OCTOBER 200	J4 <u> </u>	1 0	r <b>Z</b>
INSPECTION OFF G-3	ICE/AGENCY	UN	ΙΤ	INS	SPECTOR'S NAME	& PH(	ONE	NU
	ľ	TEM				YES	NO	N.
TASK: Demonstra Soldiers.	te that the uni	t is conducti	ng NCOP	D for	all assigned			
<b>CONDITIONS:</b> Gi operating pr		nces listed b	elow, and	d the	unit's standard			
STANDARD: The	unit demonstr	ates proficie	ncy in co	nduct	ing NCOPD			
1. REFERENCES	<b>:</b>							
a. USAREUR Re	og 350-1 Train	ing in USAR	FIIR					
b. 30 <sup>th</sup> Medical								
	J			ont D	lro grom			
c. AR 350-17, N			_					
<ol> <li>PURPOSE: To</li> <li>SPECIFIC QUI</li> </ol>		t s ability to	conduct .	NCOF	- Б.			
-	t have a Nonco	ommissioned	Officer F	Profes	sional Development			
b. Is the CSM n	nanaging and e	executing the	NCOPD	(para	a 4h, AR 350-17)?			
c. Does NCOPD	consist of sub	ojects focuse	d on war	fightii	ng?			
d. Does NCOPE		al and inform	al discus	ssions	, professional			
readings, ar correspondence co		dividual and	group) (p	ara 5	, AR 350-17)?			
e. Are NCOPD	events placed	on the unit lo	ng range	e trair	ning calendar?			
f. Is the unit ma	aintaining reco	rds of attend	lance at 1	NCOP	PD training?			
						_ I _ '	I	

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO	N CHECKLIST		DATE OF INSPECTI	UN		
FUNCTIONAL AREA/SUBORDIN	NATE AREA:		CHECKLIST EFF DA	TE:	PAG	E
PROFESSIONAL DEVELOPMEN	NT / TRAININ <mark>G<sup>ATII</sup></mark>	NG	1 OCTOBER 2004	:	2 0	F 2
INSPECTION OFFICE/AGENCY G-3	UNIT	INSP	PECTOR'S NAME &	PHO	ONE	NU
I	TEM			YES	NO	N
NOTES:						
	VERIFICAT	ION				
		ignature	e, Name, Rank, Date			
Date	X_ Inspector's	Signatu	ıre, Name, Rank,			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION			
	CTIONAL AREA/SUBORDINATE AREA: CHECKLIST EF							
PHYSICAL FITNESS / TRAIL		RATIN	1G	1 OCTOBER 2004		1 Ol		
	ION HAIT INCRESSED NAME							
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	SPECTOR'S NAME &	PH(	ONE	NUM	IBI
0-3					I	I	$\dashv$	
	ITEM					NO	NA	
<b>TASK:</b> Demonstrate that the unit is assigned Soldiers.	is conducting	g Physica	al Fitn	ness Training for all				
<b>CONDITIONS:</b> Given the reference operating procedures.	<b>(DITIONS:</b> Given the references listed below, and the unit's standard operating procedures.							
STANDARD: The unit demonstrat Training.	NDARD: The unit demonstrates proficiency in conducting Physical Fitness Training.							
1. REFERENCES:								
a. AR 600-9, The Army Weight (	Control Prog	ram						
b. AR 350-1, Army Training and	d Education							
c. AR 600-8-2, Suspension of Fa	avorable Pers	sonnel A	ctions	s (FLAGS)				
d. FM 21-20, Physical Fitness T	raining							
2. PURPOSE: To assess the unit	s ability to c	conduct I	Physic	cal Fitness Training				
3. SPECIFIC QUESTIONS:								
a. Are soldiers who exceed the standards being put on the overweight program IAW para 20,	J	table we	ight a	and body fat				
b. Are soldiers being removed f achieved their body fat standards IAW para 21, AR 600-9?	from the ove	rweight	progr	am once they have				
weigh-ins being	referred to a health care facility for evaluation or reevaluation (para 21, AR 600-							
d. Are soldiers who have not may program in a 6-month period other than for a medical conservice under appropriate regulations (para 21, AR 600-9)?								
e. Are commanders and superv motivational programs to encourage personnel to attain and 600-9)?	maintain pro	oper wei						

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO				DATE OF INSPECT	ION			
FUNCTIONAL AREA/SUBORDIN			<u> </u>	CHECKLIST EFF DA	ATE:	PAG	E	Ì
PHYSICAL FITNESS / TRAI	NING	RATIN	IG	1 OCTOBER 200	4	2 0	F 2	
INSPECTION OFFICE/AGENCY	UNI	T	INIC	 SPECTOR'S NAME &	DHO	NE	NITIN	ubi
G-3		-	1143	TETORS NAME &	. 1 110	JIL	1401	וטו
17	ren <i>a</i>							
j. Does the physical fitness tra	rem ining session	n consist	of·		YES	NO	NA	
	ining session	1 00115150	01.					
(1) Warm-up?								
(2) Conditioning drills, to in	nclude push-	ups and	sit-ups	s?				
(3) Run?								
(4) Cool down?								
k. Are soldiers being encourag	rad to most t	ho CC's	acale	of running four				
miles in formation in				•				
less than 36 minutes and achievin	g a minimun	n score o	f 240	of the APFT?				
l. Are all soldiers assigned to t year with a	the unit admi	inistered	the A	PFT at least twice a				
minimum of 4 months separating	record tests	(para 1-2	21, AR	350-1, 9 April				
2003)?								
m. Are soldiers who failed a re	ecord APFT f	or the fi	rst tim	e or failed to take				
the APFT within the required period being flagged acc	ording to AR	8 600-8-2	(para	1-21,AR 350-1, 9				
April 2003)?								
n. Are "300 Club" certificates	being reques	sted for s	soldiei	rs who achieve a				
score of 300 on the APFT?								
o. Does the unit have a Master	r Fitness Tra	iner (MF	T) ass	sianed?				
p. Is the MFT being used as the the unit physical	ie special sta	ıff assısta	ant to	design and maintain				
fitness programs (para 19, AR 600	)-9)?							
q. Is the MFT prescribing exer	rcise and fitn	ess tech	niques	s to assist soldiers				
in determining, achieving, and maintaining an app	oropriate per	rsonal we	eight c	goal (para 19, AR				
600-9)?			0 0					
r. Does the unit have a special	fitness prog	ram for s	soldie	rs who cannot				
participate in the unit physical fitness program because	of a valid pro	ofile and	who l	nave difficulty				
meeting unit and Army	_			J				
standards (para 1-21, AR 350-1, 9	_							
s. Is the unit special fitness pr to overcome specific	ogram tailor	ed to me	et eac	ch individual's needs				
physical weaknesses (para 1-21. A		_	3)?					
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30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO	PAM 1-201 N CHECKLI	ST		DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN PHYSICAL FITNESS / TRAI	ATE AREA:		G	1 OCTOBER 2004		PAG 2 O	
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	PECTOR'S NAME &	PHO	ONE	NUN
Ι	TEM	•			YES	NO	NA
NOTES:							
_							
_							
_							
_							
_							
_							
<u> </u>							
XUnit : X	FICATION  POC Signatu  ector's Signat	re, Name 					

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30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN				CHECKLIST EFF D	ATE:	PAG	E
SERGEANTS' TIME TRAINING /	TRAINING	RATIN	G	1 OCTOBER 200	4	1 0	F <b>2</b>
INSPECTION OFFICE/AGENCY G-3	UN	Т	IN	SPECTOR'S NAME &	k PHO	ONE	NUMI
I	ТЕМ	•			YES	NO	NA
TASK: Demonstrate that the unit	is conductin	g STT fo	alla	assigned Soldiers.			
<b>CONDITIONS:</b> Given the reference operating procedures.	nces listed be	elow, and	the	unit's standard			
STANDARD: The unit demonstra	tes proficien	cy in con	duct	ing STT.			
1. REFERENCES:							
a. USAREUR Reg 350-1, Traini	ng in USARI	EUR					
b. V Corps Policy Memorandur Corps	m #9, Sergea	ant's Tim	e Tra	aining (STT) in V			
2. PURPOSE: To assess the unit	s ability to o	conduct S	TT.				
3. SPECIFIC QUESTIONS:							
a. Is V Corps Policy Memorano Corps, 28 Mar 2002, on hand?	dum #9, Ser	geants' T	ime '	Training (STT) in V			
b. Is Sergeants' Time Training 0700-1200 (unless the day or time the chain of command due to uniq	is temporar	ily chang	ed b	y the first Colonel in			
c. Is STT 5 hours of continuous by NCOs at the first-line leader		ted train	ing c	conducted primarily			
d. Do commanders determine squad leaders' input?	which tasks	need to b	e tra	nined at STT based on			
e. Is STT the outcome of the w reflected on the weekly training s		ng meetin	g IAV	W FM 7-0 and FM 7-1			
f. Does STT focus on the "how coming collective training events activities?							
g. Are NCOs given sufficient to classes and are they held account			prep	are for their STT			
h. Are rehearsals for STT bein	g conducted	?					
i. Are detailed after-action rev	iews being c	onducted	sub	sequent to STT?			
j. Is appropriate command em	phasis being	placed o	n ST	T?			
AETM-MReFallmeirsonnel dtatenclude	ntppmagagama	ailiforu m	anno	ywar and anacial duty	+		

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO	PAM 1-201 N CHECKLI	ST		DATE OF	INSPECTI	ON		
FUNCTIONAL AREA/SUBORDIN SERGEANTS' TIME TRAINING /	ATE AREA:	D.A.T.T.	IG	CHECKLIS 1 OCTO	ST EFF DA BER 2004		PAGI 2 OI	
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	SPECTOR'S	NAME &	PHC	)NE	NUI
Г	ГЕМ					YES	NO	NA
NOTES:								
	VEI x	RIFICA	TION					
Rank, Date			Signa	ature, Nan	ie,			
Rank, Date	X	<del> ,</del>						
Rank, Date	ins]	pector	s Sig	nature, Na	ime,			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN				CHECKLIST EFF DA	ATE:	PAG	E
TRAINING MANAGEMENT / T	RAINING	RATIN	G	1 OCTOBER 200	4	1 01	<b>· 2</b>
INSPECTION OFFICE/AGENCY	UNI	ΙΤ	INS	SPECTOR'S NAME &	PHO	ONE	NUMI
G-3					I		
Γ	ГЕМ				YES	NO	NA
TASK: Demonstrate that the unit	is conductin	ıg Trainiı	ng Ma	nagement.			
<b>CONDITIONS:</b> Given the reference operating procedures.	nces listed be	elow, and	the ı	ınit's standard			
STANDARD: The unit demonstra Management.	tes proficien	icy in cor	ducti	ng Training			
r-idilugomont.							
1. REFERENCES:							
a. AR 350-1, Army Training							
b. AR 350-41, Training in Unit	S						
c. USAREUR Reg 350-1, Train	ing in USAR	EUR					
d. FM 7-0, Training the Force							
e. FM 7-1, Battle Focused Trai	ning						
2. PURPOSE: To assess the unit	's ability to o	conduct 7	raini	ng Management.			
3. SPECIFIC QUESTIONS:							
a. Does the unit have a trainin	g program?						
1. Does the unit have a mis commander's vision or intent for t all the elements of who, what, who have mission statements to support	he future (Fl en, where an	M 7-1 chad why?	apter If spli	1)? Does it address t-based, does the unit			
2. Has the commander sele unit's mission? Does each METL t Standard? (FM 7-0 chapter 2)							
3. Does the unit have a cros METLS? (FM 7-1 chapter 2 and U		it METL t	to hig	her headquarter's			
4. Have Battle Tasks to sup and subordinate unit METLs? (FM			been	selected from staff			
5. Has a METL assessment and is it being updated as the train per quarter? (FM 7-1 chapters 3 a	ning status c						
6. Does the unit's training of ANTEN-MB-FORM+1-201-18-plated/17/00	tober 206M	<del>ect traini</del> - 12	ng th	at supports the			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO				DATE OF INSPECT	ION					
FUNCTIONAL AREA/SUBORDIN			•	CHECKLIST EFF DA	ATE:	PAG	E			
TRAINING MANAGEMENT / T	RAINING	RATIN	IG	1 OCTOBER 2004 2 OF 3						
INSPECTION OFFICE/AGENCY	UNI	Т	INIC	 SPECTOR'S NAME &	DH	NE	NITIN	/DI		
G-3	OIVI		1113	FECTOR'S NAME &	· FII(	JNE	NUI	IDI		
ı	ГЕМ				YES	NO	NA			
TRAINING SCHEDULES										
a. Are company training sched weeks out? (See references in 2f,		on the u	nit bu	lletin board 5						
b. Do unit training schedules include key events other than training (e.g., CTT, meetings, special formations)?										
c. Have unit training schedule forwarded to higher headquarters										
d. Does the unit planning cale collective/individual soldier METI		training	which	supports critical						
e. are the unit's training sched weeks out per the V Corps CG's g		ete and a	ccurat	te and locked in 5						
f. Has the battalion commande company commander signed then										
TRAINING MEETINGS										
a. Is the training meeting run assistance of the CSM?	and conduct	ed by the	e com	mander with the						
b. Is the CSM ensuring linkag training?	e of individu	al trainir	ng wit	h collective						
c. Is an agenda available and i	is it followed	?								
d. Is appropriate time allocate	ed for the tra	ining me	eting	?						
e. Does the commander appro on resources and risk assessment		iear-tern	n plan	s (6 weeks) based						
f. Are the training meetings collevel and routinely on the same da				on and company						
g. Are training meetings poste	ed on the trai	ining sch	edule	?						
h. Is knowledge about training events?	g deficiencies	s transla	ted int	to scheduled						
i. Are pre-execution checks ac resources?	complished t	to resolv	e disc	onnects in						
j. Are training opportunities to	aken advanta	ge of?								
AETV-MB Form 1-201-R dated 1 Oc	tober 2004	-:13		onduras (TTD)?			-			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION			
FUNCTIONAL AREA/SUBORDIN	ATE AREA:		C	CHECKLIST EFF D.				
TRAINING MANAGEMENT / T	IANAGEMENT / TRAINING RATING 1 OCTOBER 2004 3 OF 3							
INSPECTION OFFICE/AGENCY G-3	UN	ΙΤ	INS	SPECTOR'S NAME &	PHO	ONE	NUM	
I	<u></u>				VES	NO	NA	
m. Is there input to the training		by all par	ticipa	ants?		140	1422	
n. Is training oriented toward	the unit's M	ETL?						
o. Is current METL assessmen	nt available a	and used?						
p. Is there current training gu	idance from	comman	ders	of higher echelons?				
q. Is safety integrated?								
r. Are risk assessments compl	eted?							
s. Are problems and detractor	rs identified a	and overc	ome	?				
t. Are multi-echelon training o	pportunities	identifie	d?					
NOTES:								
_								
-								
_								
_								
_								
_								
	VE:	RIFICATI	ON					
		it POC Si	gnatu	 ure, Name, Rank,				
Date								

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN	ATE AREA:		<u> </u>	CHECKLIST EFF DA			
MARKSMANSHIP / TRAIN	ING	RATIN	G	1 OCTOBER 2004	4	1 01	F 1
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUMI
I	ГЕМ	'			YES	NO	NA
<b>TASK:</b> Demonstrate that the unit assigned Soldiers.	is conductin	ıg Marksı	mans	hip Training for all			
<b>CONDITIONS:</b> Given the reference operating procedures.	nces listed be	elow, and	the ı	ınit's standard			
<b>STANDARD:</b> The unit demonstration	tes proficien	icy in con	ducti	ing Marksmanship			
1. REFERENCE:							
USAREUR Reg 350-1, Training	in USAREU	R					
2. PURPOSE: To assess the unit	's ability to o	conduct N	/larks	smanship Training.			
3. SPECIFIC QUESTIONS:							
a. Does the unit possess the agsystems assigned?	ppropriate F	Ms which	n sup	port the weapons			
b. Does the unit conduct preling training prior to range firing?	ninary mark	smanship	inst	ruction (PMI)			
c. Are all weapons qualified as 350-1?	necessary I	AW para	4-4, f	, USAREUR Reg			
d. Are weapons qualification d soldier assigned IAW para 4-4, f, U				e ARCIS for each			
e. Does the information maintained in the ARCIS accurately reflect the source from which the information was obtained IAW ARCIS Users Manual, Version 3-1b, and Chapter 7, AR 25-400-2?							
f. Is the qualification goal of 50 05-06?	)% expert be	eing met	IAW V	V Corps CTG for FY			
g. Are 90% of assigned person weapons IAW para 4-4, f, USAREU							
NOTES:							
_							

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO				DATE OF INSPECT	ΓΙΟΝ		
FUNCTIONAL AREA/SUBORDIN	ATE AREA:		IC.	CHECKLIST EFF D			
OFFICER PROFESSIONAL DEVEI TRAINING	LOPMENT /	RATIN	IG	1 OCTOBER 200	04	1 0	F 2
INSPECTION OFFICE/AGENCY	UNI	T	INS	SPECTOR'S NAME (	§ PH0	ONE	NU
G-3							
Г	TEM				YES	NO	NA
TASK: Demonstrate that the unit	is conductin	ıg OPD.					
<b>CONDITIONS:</b> Given the reference operating procedures.	nces listed be	elow, and	the u	ınit's standard			
STANDARD: The unit demonstra	ates proficien	cy in cor	ıducti	ng OPD.			
1. REFERENCE:							
a. USAREUR Reg 350-1, Traini	ing in USARE	EUR					
b. 30 <sup>th</sup> Medical Brigade Trainin	ng Guidance l	FY 05.					
2. PURPOSE: To assess the unit	's ability to c	onduct C	PD.				
3. SPECIFIC QUESTIONS:							
a. Does the unit have an Office	er Profession	ıal Devel	opme	nt (OPD) Program?			
b. Are OPD events placed on t	he unit's long	g range t	rainir	ng calendar?			
c. Does the OPD program incluseminars, and hands-on training a							
d. Do the OPD topics selected critical collective tasks selected by			ETL a	and support the			
e. Does OPD instruction include	de:						
(1) A review of the history at Army procedures for functioning i							
(2) Battle command/staff pr BOS integration and synchronizat receipt/transmission of accurate,	ion, situation	nal aware					
(3) Integration of the Army requirements?	's training ph	nilosophy	7 into	daily mission			
f. Is the unit maintaining recor	rds of attenda	ance at C	)PD tı	raining?			
					1	1	i

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION	PAM 1-201		DATE OF INSPECTI	ON				
	JNCTIONAL AREA/SUBORDINATE AREA: CHECKLIST EFF DA							
OFFICER PROFESSIONAL DEVEL TRAINING		ING	1 OCTOBER 2004	2 0	F 2			
INSPECTION OFFICE/AGENCY	UNIT	INS	SPECTOR'S NAME &	PHONE	NUM			
G-3								
n	ГЕМ			YES NO	NA			
NOTES:								
VERI	FICATION							
X								
Unit I	POC Signature, Na	me, Rar	nk, Date					
X								
Inspe	ctor's Signature, N	Vame, R	ank, Date					
			l	' I				

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION		ST		DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN			'	CHECKLIST EFF DA	ATE:	PAG	E
SCHOOLS / TRAINING	3	RATIN	I <b>G</b>	1 OCTOBER 2004	4	1 01	F 3
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUI
Γ	ГЕМ	-			YES	NO	NA
TASK: Demonstrate that the unit	is conducting	g an effe	ctive	schools program.			
<b>CONDITIONS</b> : Given the reference operating procedures.	ces listed be	low, and	the u	nit's standard			
STANDARD: The unit demonstrat	es proficien	cy in con	ductii	ng an effective			
1. REFERENCES:							
a. DA Pam 351-4, US Army Fo	rmal Schools	Catalog					
b. USAREUR Reg 351-1, Non-C	Commissione	d Officer	s Edu	ication System			
c. USAREUR Pam 351-2, 7 <sup>TH</sup> Ar Guide	rmy Combine	ed Arms	Traini	ing Center Student			
d. USAREUR Pam 351-2-2, Cat	alog Of Allie	d Institu	tional	Training Courses			
e. 30TH MED BDE Schools SO	P (Hard Cop	y)					
2. PURPOSE: To assess the unit'	s school pro	gram.					
3. SPECIFIC QUESTIONS:							
a. Are current versions of the a	bove listed r	reference	s on l	hand or on order?			
b. Are soldiers meeting school 2?	prerequisite	s IAW DA	A Pam	351-4 and U'R 351-			
c. Are school applicants being of 351-1?	counseled be	efore enr	ollme	nt in school IAW U'R			
d. Is a sponsor appointed for al	l soldiers att	ending s	chool	s?			
e. Does the unit maintain an Or PLDC as prescribed by U'R 351-1?	rder of Merit	list for s	soldie	rs eligible to attend			
(1) Is a separate and consoli	idated OML	maintain	ed for	r PLDC?			

FUNCTIONAL AREA/SUBORDINATE AREA: SCHOOLS / TRAINING  INSPECTION OFFICE/AGENCY G-3  ITEM  INSPECTOR'S NAME & PHONE NUR  (2) Does the OML: (a) Reflect soldiers who meet school prerequisites? (b) Indicate the sequence in which soldiers will attend (CAT I)? (c) Indicate the reason why soldiers will not attend (e.g., overweight, barred)? (d) Is the OML List updated monthly?  f. Are Bars Reports conducted at least three weeks prior to the class start date, and on a routine basis?  g. Are AE Forms 350-205A-R, Commander's Checklist, being utilized for ensuring that qualifications for attendance at CATC schools are met?  h. To preclude shortfalls does the unit: (1) Have a system in place to ensure that the chain of command supervises students' departure for school? (2) Designate and have available a fully qualified alternate ready to go?  i. Are units requesting quotas for the following courses IAW the MTOE and USAREUR requirements: (1) First Sergeant Course? (2) Battle Staff Course? (3) Unit Movement Officer? (d) Air Load Planner Course? (e) Haz12? (g) Automated Air Load Planner System? (h) Master Gunner?	30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION			
INSPECTION OFFICE/AGENCY G-3  ITEM  YES NO NA  (2) Does the OML:  (a) Reflect soldiers who meet school prerequisites?  (b) Indicate the sequence in which soldiers will attend (CAT I)?  (c) Indicate the reason why soldiers will not attend (e.g., overweight, barred)?  (d) Is the OML List updated monthly?  f. Are Bars Reports conducted at least three weeks prior to the class start date, and on a routine basis?  g. Are AE Forms 350-205A-R, Commander's Checklist, being utilized for ensuring that qualifications for attendance at CATC schools are met?  h. To preclude shortfalls does the unit:  (1) Have a system in place to ensure that the chain of command supervises students' departure for school?  (2) Designate and have available a fully qualified alternate ready to go?  i. Are units requesting quotas for the following courses IAW the MTOE and USAREUR requirements:  (1) First Sergeant Course?  (2) Battle Staff Course?  (3) Unit Movement Officer?  (d) Air Load Planner Course?  (e) Haz12?  (g) Automated Air Load Planner System?  (h) Master Gunner?				T.C.					
G-3    TTEM   YES   NO   NA	SCHOOLS / TRAINING	3	RATIN	IG	1 OCTOBER 200	4	2 OI	F 3	
(2) Does the OML:  (a) Reflect soldiers who meet school prerequisites?  (b) Indicate the sequence in which soldiers will attend (CAT I)?  (c) Indicate the reason why soldiers will not attend (e.g., overweight, barred)?  (d) Is the OML List updated monthly?  f. Are Bars Reports conducted at least three weeks prior to the class start date, and on a routine basis?  g. Are AE Forms 350-205A-R, Commander's Checklist, being utilized for ensuring that qualifications for attendance at CATC schools are met?  h. To preclude shortfalls does the unit:  (1) Have a system in place to ensure that the chain of command supervises students' departure for school?  (2) Designate and have available a fully qualified alternate ready to go?  i. Are units requesting quotas for the following courses IAW the MTOE and USAREUR requirements:  (1) First Sergeant Course?  (2) Battle Staff Course?  (3) Unit Movement Officer?  (d) Air Load Planner Course?  (e) Haz12?  (g) Automated Air Load Planner System?  (h) Master Gunner?		UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUI	<b>1BI</b>
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(b) Indicate the sequence in which soldiers will attend (CAT I)?  (c) Indicate the reason why soldiers will not attend (e.g., overweight, barred)?  (d) Is the OML List updated monthly?  f. Are Bars Reports conducted at least three weeks prior to the class start date, and on a routine basis?  g. Are AE Forms 350-205A-R, Commander's Checklist, being utilized for ensuring that qualifications for attendance at CATC schools are met?  h. To preclude shortfalls does the unit:  (1) Have a system in place to ensure that the chain of command supervises students' departure for school?  (2) Designate and have available a fully qualified alternate ready to go?  i. Are units requesting quotas for the following courses IAW the MTOE and USAREUR requirements:  (1) First Sergeant Course?  (2) Battle Staff Course?  (3) Unit Movement Officer?  (4) Air Load Planner Course?  (6) Haz12?  (7) Gutomated Air Load Planner System?  (8) Master Gunner?	(2) Does the OML:								
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date, and on a routine basis?  g. Are AE Forms 350-205A-R, Commander's Checklist, being utilized for ensuring that qualifications for attendance at CATC schools are met?  h. To preclude shortfalls does the unit:  (1) Have a system in place to ensure that the chain of command supervises students' departure for school?  (2) Designate and have available a fully qualified alternate ready to go?  i. Are units requesting quotas for the following courses IAW the MTOE and USAREUR requirements:  (1) First Sergeant Course?  (2) Battle Staff Course?  (3) Unit Movement Officer?  (d) Air Load Planner Course?  (e) Haz12?  (g) Automated Air Load Planner System?  (h) Master Gunner?	(d) Is the OML List updated	d monthly?							
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(1) Have a system in place to ensure that the chain of command supervises students' departure for school?  (2) Designate and have available a fully qualified alternate ready to go?  i. Are units requesting quotas for the following courses IAW the MTOE and USAREUR requirements:  (1) First Sergeant Course?  (2) Battle Staff Course?  (3) Unit Movement Officer?  (d) Air Load Planner Course?  (e) Haz12?  (g) Automated Air Load Planner System?  (h) Master Gunner?									
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i. Are units requesting quotas for the following courses IAW the MTOE and USAREUR requirements:  (1) First Sergeant Course?  (2) Battle Staff Course?  (3) Unit Movement Officer?  (d) Air Load Planner Course?  (e) Haz12?  (g) Automated Air Load Planner System?  (h) Master Gunner?		to ensure th	at the ch	ain of	command supervises				
USAREUR requirements:  (1) First Sergeant Course?  (2) Battle Staff Course?  (3) Unit Movement Officer?  (d) Air Load Planner Course?  (e) Haz12?  (g) Automated Air Load Planner System?  (h) Master Gunner?	(2) Designate and have ava	ilable a fully	qualifie	d altei	rnate ready to go?				
(2) Battle Staff Course? (3) Unit Movement Officer? (d) Air Load Planner Course? (e) Haz12? (g) Automated Air Load Planner System? (h) Master Gunner?		for the follow	wing cou	rses I	AW the MTOE and				
(3) Unit Movement Officer?  (d) Air Load Planner Course?  (e) Haz12?  (g) Automated Air Load Planner System?  (h) Master Gunner?	(1) First Sergeant Course?								
(d) Air Load Planner Course?  (e) Haz12?  (g) Automated Air Load Planner System?  (h) Master Gunner?	(2) Battle Staff Course?								
(e) Haz12? (g) Automated Air Load Planner System? (h) Master Gunner?	(3) Unit Movement Officer?	)							
(g) Automated Air Load Planner System?  (h) Master Gunner?	(d) Air Load Planner Cours	e?							
(h) Master Gunner?	(e) Haz12?								
	(g) Automated Air Load Pla	nner System	ı?						
	(h) Master Gunner?								
j. Are units maintaining an OML list for the courses listed in para 9, above?	j. Are units maintaining an OM	IL list for the	e course:	s liste	d in para 9, above?				
k. Are units ensuring that students meet the prerequisites for the courses listed in para 10, above?	k. Are units ensuring that stud				-				
l. Is the Schools NCO trained as an ATRRS Operator with a valid LOGON ID	l. Is the Schools NCO trained a		Operato	or with	n a valid LOGON ID				

FUNCTIONAL AREA/SUBORDINATE AREA: SCHOOLS / TRAINING  INSPECTION OFFICE/AGENCY G-3  ITEM  VERIFICATION  X  Unit POC Signature, Name, Rank, Date  X  Inspector's Signature, Name, Rank, Date	30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO	PAM 1-201	ST		DATE OF INSPECT	ION		
NOTES:	FUNCTIONAL AREA/SUBORDIN	ATE AREA:		77.70				
NOTES:  VERIFICATION  X Unit POC Signature, Name, Rank, Date  X		UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUM
VERIFICATION  X Unit POC Signature, Name, Rank, Date  X	Г	ГЕМ	•			YES	NO	NA
XUnit POC Signature, Name, Rank, Date X	NOTES:							
XUnit POC Signature, Name, Rank, Date X								
XUnit POC Signature, Name, Rank, Date X								
XUnit POC Signature, Name, Rank, Date X								
XUnit POC Signature, Name, Rank, Date X								
XUnit POC Signature, Name, Rank, Date X								
Unit POC Signature, Name, Rank, Date  X	VERI	FICATION						
x				Don	als Data			
				, Kai	ik, Date			
				ne, R	ank, Date			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION		ST		DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN	ATE AREA:		ıG	CHECKLIST EFF D			
TRAINING AMMUNITION MANA	AGEMENT	101111		1 OCTOBER 200	4	10	F 2
INSPECTION OFFICE/AGENCY G-3	UNI	ΙΤ	INS	SPECTOR'S NAME &	z PH(	ONE	NUM
m	ГЕМ				YES	NO	NA
TASK: Demonstrate that the un Management.	it is conduct	ing Train	ning A	Ammunition			
<b>CONDITIONS:</b> Given the refer operating procedures.	ences listed	below, a	nd the	e unit's standard			
STANDARD: The unit demonst: Ammunition Management	cates profici	ency in c	ondu	cting Training			
1. REFERENCES:							
a. AR 5-13, Training Ammun	tion Manage	ement Sy	stem				
b. AR 190-11, Physical Secur	rity of Arms,	Ammuni	tion,	and Explosives			
c. DA Pam 350-38, Standards	s in Weapons	s Trainin	g				
d. DA Pam 710-2-1, Ammunit	ion Manage	ment					
e. DA Pam 385-64, Ammuniti	on and Expl	osives St	anda	rds			
f. USAREUR Reg 190-11, Phy	ysical Securi	ity of Arr	ns				
g. USAREUR Reg 350-1, Tra	ining in USA	REUR					
h. USAREUR Reg 700-150, T	raining Amr	nunition	Mana	igement			
i. V Corps Reg 700-5, Unit Le	evel Ammun	ition Ma	nagen	nent			
j. V Corps Memo, AETV-GCT, Oversight Policy	SUBJECT: (	Overdue .	Ammı	unition Document			
2. PURPOSE: To assess the un	it's Training	Ammun	ition :	Management.			
3. SPECIFIC QUESTIONS:							
TRAINING AMMUNITION FO	RCASTING						
a. Does unit have the annual Pam 710-2-1) (The annual forecast contains the Wea requirements, and non-STRAC resources.)	_						
b. Are forecasts completed m 710-2-1? AETV-MB Form 1-201-R dated 1 Oc			-8 and	d fig 11-3, DA Pam			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN				CHECKLIST EFF DA	ATE:	PAGI	E
TRAINING AMMUNITION MANA	AGEMENT	RATIN	G	1 OCTOBER 2004	4	2 0	F 2
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUMB
ľ	ГЕМ	1			YES	NO	NA
HOME STATION TRAINING AM	IMUNITION	N					
a. Do home station DA Form 58 RDD? (Para 16b, USAREUR Reg 700-150)	31 document	ts exceed	90 d	ays from original			
<ul><li>b. Does unit exceed one Home one Major</li><li>Training Area (MTA) document? (</li></ul>							
c. Are individuals responsible and 4-19, AR 190-11, utilizing DA Form 7281-R Explosives (AA&E) Security Screening and Ev	(Command (	Oriented A		_			
d. Has unit established an inte para 16a(4), USAREUR Reg 700-130, and TM 9		g Operat	ing P	rocedure (SOP) IAW			
ISSUE, ACCOUNTABILITY AND	D TURN-IN	OF TRA	ININ	IG AMMUNITION			
a. Are DA Forms 581 (Request processed and maintained IAW Sec VI, DA Pam 7							
b. Is AE Form 700-130A-R (Traissuing ASP) by using unit completed, maintain USAREUR Reg 700-130?	J						
c. Is the unit conducting montl Memo, AETV-GCT, SUBJECT: Ove							
NOTES:							
							1

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN UNIT TRAINING / TRAINI	ATE AREA:		G	CHECKLIST EFF DA 1 OCTOBER 2004		PAGI 1 OI	
INSPECTION OFFICE/AGENCY G-3	UNI	TT	INS	 SPECTOR'S NAME &	PHO	ONE	NUME
n	ГЕМ	I			YES	NO	NA
TASK: Demonstrate that the unit	is conductin	g Unit Tr	ainin	ıg			
<b>CONDITIONS:</b> Given the referen operating procedures.	ces listed be	elow, and	the u	ınit's standard			
<b>STANDARD</b> : The unit demonstrate	es proficien	cy in con	ducti	ng Unit Training			
1. REFERENCES:							
a. USAREUR Reg 350-1, Trainin	ng in USARE	EUR					
b. 30 <sup>th</sup> Medical Brigade Training	g Guidance l	FY 05.					
c. 30 <sup>th</sup> Medical Brigade OPORD	#4142-02	Counter l	nsur	gency Tasks			
2. PURPOSE: To assess the unit	s ability to o	onduct L	nit T	raining.			
3. SPECIFIC QUESTIONS:							
a. Are the above references on	hand or rea	dily avail	able?				
b. Does the unit have an oversi units are conducting Common Military T qualification, Combat Life Saver, C	raining (e.g	-		•			
c. Is "Sexual Misconduct Award Med guidance?	eness Campa	aign" bei:	ng co	nducted IAW 30th			
d. Is "Consideration of Others" guidance?	training bei	ing condu	ıcted	IAW V Corps			
e. Is "Counter-Insurgency" task	ks being trai	ned IAW	30th	Med Bde Guidance?			
NOTES:							

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION	DATE OF INSPECT	ION							
FUNCTIONAL AREA/SUBORDINATE AREA: CHECKLIST EFF DATE: PAGE									
BATTALION FUNCTIONAL	AREA	RATIN	1 OCTOBER 2004 1 OF 1						
INSPECTION OFFICE/AGENCY G-3	UNI	ΙΤ	INS	SPECTOR'S NAME &	PHO	ONE	NUME		
I'	ГЕМ				YES	NO	NA		
TASK: This checklist consists of Medical Brigade (CBRND) will conselected company within the design Battalion evaluation, 30th Medical (SANATOR) and M41 Protective whether the HQ Company is one	onduct CBRN gnated Batta al Brigade (G Assessment of the compa	ND evalua alion. Als CBRND) Test Syst anies eva	ntions o, as will c em (F luate	of the Bn HQ and a a part of the heck the M17LDS PATS) regardless of d.					
SOP, CBRND Training Management STANDARD: 1. CBRND SOP/And SATISFACTORY rating if 8 of the 2. NBC TRAINING MANAGEMENT SATISFACTORY rating if 8 of the	DITIONS: The Battalion functional area consists of 3 sub areas: CBRND CBRND Training Management, and Administration.  DARD: 1. CBRND SOP/Annex to BN SOP. This sub area will receive a FACTORY rating if 8 of the 10 items below receive a satisfactory rating. C TRAINING MANAGEMENT. This sub area will receive a FACTORY rating if 8 of the 9 items (or 80%) below receive a satisfactory . 3. NBC ADMINISTRATION. This sub area will receive a								
a. FM 3-11: Multiservice Tacti Biological, and Chemical Defense Operations / M	•	ies, and F	roce	dures for Nuclear,					
b. FM 7-1: Battle Focused Tra	ining / Jun 0	3.							
c. DA Pam 350-38: Standards	in Weapon's	Training	/ Oct	02.					
d. DA Pam 750-1: Leader's Un	it Maintenaı	nce Hand	book	/ Feb 94.					
e. USAREUR Reg 350-1: Train	ning in USAR	REUR							
f. USAREUR Reg 50-3: NBC D	efense Mate	erial / Jun	92						
g. V CORPS Reg 350-4: Multiservice Tactics, Techniques, and Procedures for Special Operations Forces in Nuclear, Biological, and Chemical Environments / Apr 01.									
h. AR 350-1: Army Training an	d Education	/ Apr 03.							
i. AR 40-5: Preventive Medicin	e / Oct 90.								
j. AR 40-63: Opthamalic Servi	ces (Optical	Insert Pr	ograr	m) / Jan 86.					
k. SB 3-30-2: Protective Mask	k. SB 3-30-2: Protective Mask Canisters: Serviceability Lists								
l. USAREUR Reg 385-12: Radi	ation Protec	tion Prog	ram (	(USAREUR)					

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECTI	ON			
FUNCTIONAL AREA/SUBORDIN				CHECKLIST EFF DA	TE:	PAG	E	
BATTALION FUNCTIONAL	AREA	RATIN	IG	1 OCTOBER 2004	Ŀ	2 01	F <b>5</b>	
INSPECTION OFFICE/AGENCY	UNI	T	INS	PECTOR'S NAME &	PHO	ONE	NUN	
G-3								
г	ГЕМ				YES	NO	NA	
m. AR 11-9:The Army Radiation	n safety Prog	ram						
n. DA Pam 385-1:Small Unit Sa	afety Officer,	'NCO Gu	ide					
o. TB 43-0197: Instructions For Safe Handling, Maintenance, Storage And Disposal Of Radioactive Items Licensed By Us Army Armament And Chemical Acquisition And Logistics Activity								
Applicable NRC Licenses Applicable TMs								
CBRND SOP/ANNEX TO BN SOP SATISFACTORY rating if 8 of the								
NOTE: Unit must conform to Brigade SOP (if applicable) when FM 3-3, 3-3-1, 3-5. (USAREUR R	n developing							
a. Does the TACSOP address the personnel in the unit? (AR 350-42)		respons	ibilitie	es for CBRND				
b. Does the TACSOP address (general, local, audio, visual, and (including radiation exposure rep	all clear) an	d CBRN	D repo					
c. Does the TACSOP address a conditions), during, and after an and equipment?								
d. Does the TACSOP address p environment?	rocedures fo	or operat	ing in	an CBRND				
e. Does the TACSOP address p coordinating/conducting operation gear exchange) as well as support	onal DECON	(vehicle	wash	down and MOPP				
f. Does the TACSOP address decontamination and evacuation procedures for CBRND contaminated casualties?								
g. Does the TACSOP address p of personnel, equipment, supplie								
h. Does the TACSOP address p tactical dosimetry equipment?	rocedures fo	or wearin	g CBI	RND gear, including				

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION			
FUNCTIONAL AREA/SUBORDIN				CHECKLIST EFF DA	ATE:	PAG]	E	
BATTALION FUNCTIONAL	AREA	RATIN	G	1 OCTOBER 2004	4	3 OI	₹ 5	
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	PECTOR'S NAME &	PHO	ONE	NUMB	
r	ГЕМ				YES	NO	NA	
i Does the TACSOP address p contaminated equipment, terrain markers)?								
j. Does the TACSOP address tactical procedures for requisitioning and issuing CBRND equipment and supplies (including IPE and medical chemical defense equipment)? SOP must specifically address IPE packing list and configuration down to company level. (USREUR Reg. 50-3, Para 4) NOTE: The CBRND Officer/NCO should maintain a Continuity Book								
<b>CBRND TRAINING MANAGEM</b> SATISFACTORY rating if 8 of the rating.								
NOTE: The BN will be graded or training program IAW V CORPS I Command Training Guidance (MI conducted if signed by the comm	Reg. 350-4, \ FR's will be a	/ CORPS	, Brig	ade, and Unit				
a. Does the BN have a trainin CBRND training?	g plan (long,	mid rang	je) wł	nich incorporates				
b. Does the BN monitor commandatory CBRND training requipolation, EEC Training and a in STP 21-1 and STP 21-24 in the	irements, su ll CBRND so	ch as ma oldiers or	sk co	nfidence, weapons				
c. Does the CBRND staff mon conducted by the subordinates un		e the sch	edule	d CBRND training				
d. Does the BN maintain reco CBRND conditions integrated int								
e. Has the BN integrated a op (equipment and personnel) into a								
f. Does the BN conduct collector for vehicle systems, the M20 SCF				ning (if applicable)				
g. Does the Bde/Bn monitor s DU training?	subordinates	units to	ensur	re compliance with				
h. Does the Bde/Bn monitor s CBRND Aircrew training?	subordinates	units to	ensur	re compliance with				
AETV-MB Form 1-201-R dated 1 Oc	nical section	maintai	n copi	es of CBRND				

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECTI	ON		
FUNCTIONAL AREA/SUBORDIN				CHECKLIST EFF DA	TE:	PAG	E
BATTALION FUNCTIONAL		RATIN	IG	1 OCTOBER 2004	Ė	4 01	F <b>5</b>
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	PECTOR'S NAME &	PHO	ONE	NUM
Г	ГЕМ				YES	NO	NA
CBRND ADMINISTRATION. Trating if 7 of the 8 items below re							
a. Does the BN maintain a cu (with shortages noted, consolidat (USAREUR 50-4, Para 4)							
b. Does the BN ensure that subordinate units budget for and procure critical CDE shortages? (USAREUR 50-4, Para 4)							
c. Does the BN maintain (or have publications? (USAREUR 50-4, F		uisition)	requi	red CBRND			
d. Does the maintain BN current MTOE, TDA, CTA, and other applicable authorization documents for subordinate Co's personnel and equipment? (AR 71-13)  e. Does the Bn have a program for managing and monitoring use of the M41 PATS for the fitting of protective masks? (USAREUR 50-3)							
f. Does the unit maintain past	CIP inspect	ions con	ducted	d?			
g. Does the unit maintain sub	ordinate uni	ts past C	IP ins	pections conducted?			
h. Does the Commander prov CBRND training? (USAREUR 5		raining g	uidan	ce that includes			
OVERALL BATTALION FUNCT	IONAL ARE	A RATI	NG:				
CBRND SOP							
TRAINING MANAGEMENT							
ADMINISTRATION							
RADIATION SAFETY							
(Must receive satisfactory rating satisfactory rating for the battali		areas to	recei	ive an overall			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO	PAM 1-201	ST		DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN BATTALION FUNCTIONAL	ATE AREA:			CHECKLIST EFF DA 1 OCTOBER 2004		PAGE 5 OF	
INSPECTION OFFICE/AGENCY G-3	UNI	T	INSI	PECTOR'S NAME &	PHO	NE I	NUMB
ľ	ТЕМ				YES	NO	NA
NOTES:							
	VER	IFICATIC	N				
	X			<del></del>			
	Unit <b>X</b>	POC Sig		e, Name, Rank, Date			
				re, Name, Rank,			
Date							

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION				
FUNCTIONAL AREA/SUBORDIN			_	CHECKLIST EFF D	ATE:	PAG]	E		
COMPANY FUNCTIONAL A	REA	RATIN	G	1 OCTOBER 200	4 12	1 0	F		
INSPECTION OFFICE/AGENCY G-3	UNI	T T	INS	SPECTOR'S NAME &		ONE	NUME		
I	ГЕМ				YES	NO	NA		
TASK: This checklist consists of (CBRND) will conduct CBRND evadesignated Battalion. As part of the will check the M17LDS (SANATO) (PATS) regardless of whether the CONDITIONS: The Company funds of CBRND Training Manageme Maintenance, Operator Maintenance STANDARD: CBRND SOP/Annex SATISFACTORY rating if 13 of the CBRND TRAINING MANAGEMENT rating if 13 of the 15 items below ADMINISTRATION. This subtract he 9 items below receive a satisfication area will receive a SATISFACTORY rating or at least 80% of area will receive a SATISFACTORY satisfactory rating or at least 80% EQUIPMENT MAINTENANCE. The rating if 80% of masks and 80% of CBRND HAZARDOUS MATERIAL area will receive a SATISFACTORY satisfactory rating. Radiation Satisfactory rating.	aluations of sine Battalion in the Batta	selected of inspection Protective of the consists ration, Loose Mater SOP. The low receives a SATIS of the 14 of the 14 of the 5 inspection of the 5 inspection of the 5 inspection.	compon, 30° e Assompa of 7 sogisticials a rece ratin FACTO LOCA items. Items tems tems tems tems tems tems tems	anies within the  th Med Bde (CBRND) essment Test System unies evaluated.  Sub areas: CBRND cs, Organizational and Radiation Safety.  to area will receive a satisfactory rating. ive a SATISFACTORY ng. CBRND 'ORY rating if 8 of SISTICS. This sub ns (or 80%) below NANCE. This sub- ns receive a INDIVIDUAL SATISFACTORY sfactory rating. M/HW). This sub below receive a a SATISFACTORY	ne BRND) System d.  RND onal Safety. eive a ating. CTORY  8 of sub elow sub-				
receiving an UNSAT MAJOR finding equipment) will receive an automate	ng (danger t	o the sold	lier /c						
1. REFERENCE:									
a. FM 3-11: Multi-service Tacti Biological, and Chemical Defense			roce	dures for Nuclear,					
b. FM 7-1: Battle Focused Trai	ning, Jun 03	•							
c. DA Pam 350-38: Standards i	n Weapon's	Training,	Oct (	)2.					
d. DA Pam 750-1: Leader's Uni	t Maintenan	.ce Handb	ook,	Feb 94.					
e. USAREUR Reg 350-1: Train	ing in USAR	EUR.							
f. USAREUR Reg 50-3: CBRND	Defense Ma	aterial, Ju	n 92						
g. V CORPS Reg 350-4: Active Partnerships, Mar 03	Component	(AC)/Res	erve (	Component (RC)					
h. Multi-service Tactics. Techni	igues, and P	rocedures	s for S	Special Operations					

AForces Fir Nuclear Biglogical, and Chemical Environments, Apr 01.

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION		ST		DATE OF INSPECT	ION			
FUNCTIONAL AREA/SUBORDIN COMPANY FUNCTIONAL A	ATE AREA:	RATIN	[G	1 OCTOBER 2004		PAGI 2 OI		
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	SPECTOR'S NAME &	PHO	NE	NUMB	
I	ГЕМ				YES	NO	NA	
j. AR 40-5: Preventive Medicin	e / Oct 90.							
k. AR 40-63: Opthamalic Servi	ces (Optical	Insert P	rogra	m) / Jan 86.				
l. SB 3-30-2: Protective Mask (	Canisters: Se	rviceabil	ity Li	sts				
m. USAREUR Reg 385-12: Rad	liation Prote	ction Pro	gram	(USAREUR)				
n. AR 11-9:The Army Radiation	n. AR 11-9:The Army Radiation safety Program o. DA Pam 385-1:Small Unit Safety Officer/NCO Guide o. TB 43-0197: Instructions For Safe Handling, Maintenance, Storage And							
o. DA Pam 385-1:Small Unit Sa	USAREUR Reg 385-12: Radiation Protection Program (USAREUR)  R 11-9:The Army Radiation safety Program  A Pam 385-1:Small Unit Safety Officer/NCO Guide  B 43-0197: Instructions For Safe Handling, Maintenance, Storage And al Of Radioactive Items Licensed By Us Army Armament And Chemical ition And Logistics Activity							
o. DA Pam 385-1:Small Unit Safety Officer/NCO Guide  p. TB 43-0197: Instructions For Safe Handling, Maintenance, Storage And Disposal Of Radioactive Items Licensed By Us Army Armament And Chemical Acquisition And Logistics Activity								
Applicable NRC Licenses Applicable TMs								
the BDE/BN SOP (if applicable) w	hen develop	ing the C	ompa	any SOP. Unit may				
	uties and re	sponsibi	lities	for CBRND				
p. TB 43-0197: Instructions For Safe Handling, Maintenance, Storage And Disposal Of Radioactive Items Licensed By Us Army Armament And Chemical Acquisition And Logistics Activity  Applicable NRC Licenses								
conditions), during, and after an (	·			2				
d. Does the SOP address proce to include chemical detection, aut								
e. Does the SOP address deco CBRND contaminated casualties?		and evad	cuatio	n procedures for				
f. Does the SOP address priori personnel, equipment, supplies (including food and wate	_	cedures	for de	econtamination of				

AETV-MB Form 1-201-R dated 1 October 2004A - 30

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN COMPANY FUNCTIONAL A	ATE AREA:		IG	1 OCTOBER 200		PAG	
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUN
ľ	ГЕМ				YES	NO	NA
g. Does the SOP address proc tactical dosimetry equipment and							
h. Does the SOP address proc equipment, terrain,and obstacles							
<ul> <li>i. Does the SOP address taction</li> <li>issuing CBRND equipment and sometimes</li> <li>defense equipment)?</li> <li>j. Does the SOP address proceed</li> <li>filters/canisters and other training</li> </ul>	upplies (inclued) edures for the	uding IPI ne replac	Ē and emen	medical chemical t of mask			
k. Does the SOP address when is assigned and procedures withi 2, AN/PDR-75 etc) (l) Does the company have CBRND equipment and supplies replacement criteria of filters? (T defense equipment)	n the unit? ( procedures of during alerts	ex, M22 establish s or depl	ACAI ned for oymer	DA, ICAM, AN/VDR- r rapid issue of nts, to include			
Note: CBRND room organization				unit's ability procedures)			
m. Does the SOP address CB	RND Status 1	Reportin	g?				
n. Does the SOP address CB	RND Threat	conditio	ns leve	els?			
o. Does the SOP address req	uests for CB	RND sup	port (	(R,D,S)?			
NOTE: The CBRND Officer/NCO	should main	tain a Co	ontinu	ity Book			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN				CHECKLIST EFF DA	ATE:	PAGI	Е
COMPANY FUNCTIONAL A	REA	RATIN	G	1 OCTOBER 2004	1 12	4 OI	7
INSPECTION OFFICE/AGENCY	UNI	T	INS	SPECTOR'S NAME &	PHO	)NE	NUMB
G-3							
I	ГЕМ	'			YES	NO	NA
CBRND TRAINING MANAGEM SATISFACTORY rating if 13 of the							
NOTE: The Company will be gra CBRND training program IAW US Training Guidance (MFRs will be by the commander or training NO evaluate training by randomly se or organizational CBRND equipm	SAREU and Vaccepted shallows. If time is lecting soldier.	V CORPS owing tra permits, t	Regs ining the in	s and Command g conducted if signed aspectors may			
a. Does the Company have a tincorporates CBRND training? (V							
b. Does the Company maintains show CBRND conditions integrate (USAREUR Reg 350-1)  c. Has the Company integrate and Equipment Washdown) or the with access to a Battalion M17 LI chemical unit ) within the past 6 sequipment to conduct this operate	ed into MET ed an operation of the control of the c	L training on a local decorning to a tage or will do es the un	g and on (M actica this it hav	EXEVAL's?  OPP Gear Exchange all exercise (units unsupported by a ve the necessary			
d. Has the Company conduct year? (AR 350-41 Para 7-4b (1) (		onfidence	e Exe	rcise in the past			
e. Has the Company performe for four (4) continuous hours (tim criteria in FM 3-4) (AR 350-41) f. Have all Company soldiers weapons while in MOPP 4? (DA F	ne is based ir fired their as	n mission	req	uirements and			
g. Have all Company soldiers trained and tested on all CBRND and STP 21-24 in the last 12 mon	soldiers con	nmon tasl	s as	found in STP 21-1			
h. Has the Company properly 41, Para 11.6g) i. Does the Company conduct applicable) for vehicle systems, to six months? j. Does the Company have per operate and maintain assigned C	collective pr he M20 SCP rsonnel assig	rotection E, and the gned/iden	syste e M5 tify a	em training (if 1 Shelter in the last nd trained to			
k. Does the Company maintai results from BN and does it have Reg 50-3, Para 4)							

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FUNCTIONAL AREA/SUBORDIN COMPANY FUNCTIONAL A	ATE AREA:		IG	CHECKLIST EFF D. 1 OCTOBER 200		PAGI 5 OI	
COMPANY FUNCTIONAL A	AKEA			1 OCTOBER 200	12	<u> </u>	
INSPECTION OFFICE/AGENCY G-3	UNI	Т	INS	SPECTOR'S NAME &	z PHC	)NE	NUM
I	ГЕМ				YES	NO	NA
l. Is MFR for completed DU to directive from Deputy Secretary				nining file per			
m. Is there a method of track: 4)?	ing CBRND A	Aircrew t	trainii	ng (V CORPS 350-			
n. Is the CBRND Defense Tra Annual Training Guidance?	ining Guidan	ices incli	ıded i	in the CDR QTR and			
o. Are CDRs assessments add	dressed at th	e TMR/C	TB?				
<b>CBRND ADMINISTRATION.</b> Tating if 8 of the 9 items below re							
a. Does the Company have an enlisted alternate, also known as (AR 350-41, Para 11-6) b. Are the CBRND Officer, CE	the unit con RND NCO (i	trol part if not a 7	y, app	ointed on orders?			
alternate school-trained? (AR 350	)-41, Para 11	6)					
c. Does the Company have the applicable authorization document 71-13)							
d. Does the Company mainta shortages documented) and a cop Para 4)	- 0						
e. Does the Company mainta CBRND publications and forms, t piece of CBRND equipment?							
f. Does the Company have a refor protective mask optical insert them within 30 days of arrival an checks] (AR 40-63, USAREUR 50	s, and if inse d are they in	erts are r	equir	ed, do they obtain			
<ul><li>g. Does the Company have pr properly fitted protective mask, v</li><li>3)</li></ul>							
h. Does the unit maintain pas	t CIP inspect	tions con	ducte	ed?			
i. Are hard to fit soldiers/civil IAW	ians identifie TB 3-4240-3	_		ures followed			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO				DATE OF INSPECT	ION			
FUNCTIONAL AREA/SUBORDIN COMPANY FUNCTIONAL A	SATE AREA:	l	IG	1 OCTOBER 200		PAG		
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	PECTOR'S NAME &	PHO	ONE	NUN	<b>IB</b> I
I	TEM				YES	NO	NA	
CBRND LOGISTICS. This sub of the 14 items (or 80%) below receive a satisfact NOTE: The inspector will review other applicable authorization documents for requestion conduct a comparative analysis of the unit mentioned documents to verify serviceability shortages are maintained/accurate. In some case inventory of the required CDE and contingency.  a. Does the Company have a manufacture, and expirated dates of limited shelf-life items to equipment and supplies, and rotate/dispose of stocks according and contingency.  b. Does the Company have a hand CBRND? (USAREUR 50-3, APP C)  c. Does the Company package Packs) properly. d. Does every assigned soldies serviceable, and properly sized IPE pack? (USARI e. Does every assigned soldies serviceable, and properly sized) IPE pack? If the second II a proper tariff and is there a 5% overage for sizing? If movement of the second IPE if not issued to the soldier?  f. Does the Company have a comprint out list, and does it turn-in equipment for calibrating. Has the Company identified turn-in? (DA	ctory rating.  In the companion of the companion of the companion of the content	y current of continue present of torage, rector with conitor in the continue present of the conitor in the coni	t MTC gency nart of narkir ll cond t num e stoc Reg. ventor  E Pach d at le ) cond ( s the l load p Para of the	DE, TDA, CTA and The inspector will r log with the above ng, and critical duct a physical bers, dates of ks of CBRND 50-3, Para 4, SB 3- ry of NAAKS on  as (also called ICE east one complete, bulk supplies reflect blans address 4) master calibration 0)				

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION	DATE OF INSPECTION						
FUNCTIONAL AREA/SUBORDIN				CHECKLIST EFF D	ATE:	PAG]	E
COMPANY FUNCTIONAL A	REA	RATIN	G	1 OCTOBER 200	4 12	7 OI	7
INSPECTION OFFICE/AGENCY G-3	UN	Т	INS	SPECTOR'S NAME &		ONE	NUME
r	ГЕМ				YES	NO	NA
k. Are shortages of CDE equipavailable and/or listed on the CD							
l. Is all CBRND equipment (to included on the unit load plans?							
m. Does the unit has a system	/method to r	nonitor d	ocum	ents over 120 days?			
n. Does the unit has a system messages?	to receive, i	file and d	istrib	ute CDE related			
ORGANIZATIONAL MAINTEN. SATISFACTORY rating if 13 of the least 80% of the inspected items.	e 16 items re						
NOTE: The evaluators will inspellisted below with the exception of protective masks will be inspected. Protective Assessment Test System of whether the HMSC is one of the Inspectors will list equipment definited on DA Form 2404 or 5988 Frender the piece of equipment not fault that requires a maintenance does not render the equipment N satisfactory rating if there are not shortcomings. (DA Pam 738-750 must receive a satisfactory for the	f masks. 10% dd. The evaluation (PATS) and the companies of the companies	% or at legator will ad M17LI sinspected shortcome remarkable (Nortion on a biece of eas and not les TM).	ast 15 inspectors insp	o unassigned ect the M41 ANATOR) regardless applicable. It is second to the many second t			
a. Alarm, Chemical Agent, M2	2 ACADA						
(1) Is operator maintenance DA Form 2404 or 5988E (ULLS)		ducted IA	W TI	M and annotated on			
(2) Does detector pass pro	e-operationa	l checks?	•				
(3) Does equipment have present ti include WD-1 wire?	all compone	nts of the	end	item serviceable and			
b. Monitor, Chemical Agent (0	CAM/ICAM)						
(1) Is operator maintenan and annotated on DA Form 2404 AETV-MB Form 1-201-R dated 1.00	or 5988E?		AW T	М 3-6665-331-10,			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO				DATE OF INSPECT	ION					
FUNCTIONAL AREA/SUBORDIN	ATE AREA:	1	IC.	CHECKLIST EFF D						
COMPANY FUNCTIONAL A	AREA	KAIIN	G	1 OCTOBER 200	4 12	8 OI	7			
INSPECTION OFFICE/AGENCY G-3	UNI	İT	INS	SPECTOR'S NAME &	у РНО	ONE	NUMI			
I	ГЕМ				YES	NO	NA			
(3) Has the monitor been	wipe tested	within th	e last	year?						
(4) Does monitor pass pre	e-operational	l checks?								
(5) Does equipment have present?										
e. Mask, Cml/Bio, M40 (Series) (unassigned)										
(1) Is semi-annual Organiz annotated on DA Form 2404 or 5			being	g conducted and						
(2) Is semi-annual organize Form 314 or Service Schedule revariance? (DA Pam 725-750) (3) Do masks have all compresent?	eport(ULLS)	and is it	condu	icted within the 10%						
f. Mask, Cml/Bio, M42 (Serie	es) (unassign	ied)								
(1) Is semi-annual organiz annotated on DA Form 2404 or 5			being	g conducted and						
(2) Is semi-annual organiz Form 314 or Service Schedule re variance? (DA Pam 725-750)										
(3) Do masks have all con	nponents of t	the end it	em s	erviceable present?						
h. Pump, Centrifugal 65 GP	M									
(1) Is operator maintenand and annotated on DA Form 2404			AW TI	М 3-4230-228-10,						
(2) Is semi-annual organiz annotated on DA Form 2404 and Schedule report (ULLS)?										
(3) Does equipment have present?	all compone	nts of the	e end	item serviceable and						
(4) Does the unit have a tr each system, and certification an										
AETV-MB Form 1-201-R dated 1 Oc	toher 2004	- 36								

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION			
FUNCTIONAL AREA/SUBORDIN			<u> </u>	CHECKLIST EFF D	ATE:	PAG	E	
COMPANY FUNCTIONAL A	REA	RATIN	IG	1 OCTOBER 200	4	9 O	F	
					12			
INSPECTION OFFICE/AGENCY	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUM	<b>IBI</b>
G-3								
Г	ГЕМ				YES	NO	NA	
(3) Does equipment have a	all componen	ts of the	end i	tem serviceable and			$\Box$	
present?								
j. Radiac Set, AN/VDR-2								
(1) Are routine checks per deficiencies corrected immediate		erator le	evel as	s necessary and				
(2) Are radiac set and prol 11-6665-251-10? (3) Does radiac set pass pr				ned together IAW TM				
(4) Is calibration current a	_							
(5) Does radiac set have a	ll component	s of the	end it	em serviceable and				
present? k. Radiac Set, AN/UDR-13								
(1) Are routine checks per deficiencies corrected immediate		perator l	evel a	s necessary and				
(2) Does radiac set pass p	re-operation	al check	s?					
(3) Is calibration current	and DA Labe	l 80 atta	ched?					
(4) Does radiac set have a present?	ıll componen	ts of the	end it	tem serviceable and				
l. Protective Assessment Tes	t System (PA	TS), M41	L					
(1) Are routine checks per deficiencies corrected immediate		perator l	evel a	s necessary and				
(2) Is TMDE service being	g conducted s	semiann	ual?					
(3) Does equipment have present?	all compone	nts of the	e end	item serviceable and				
(4) Is the M41 PATS regis	tered on TM	DE 's ma	ster :	Program List?				
m. Simplified Collective Prote	ection Equip	ment, M2	20					
(1) Is semi-annual organiz 3-4240-264-12 and annotated on and Service Schedule report (UL	DA Form 24							
(2) Does equipment have a present?		its of the	end i	tem serviceable and				
n. Does radiac equipment not			ı stick	er have "CNR"				
AESTICKEE FOR A 3-2080 dated 1 Oc	tober 2004A	- 37					_	

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO		ST		DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN			-	CHECKLIST EFF D	ATE:	PAGI	Ξ
COMPANY FUNCTIONAL A		RATIN	G	1 OCTOBER 200	4	10 C	F
					12		
INSPECTION OFFICE/AGENCY	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE :	NUM
G-3							
					Π		
r	ГЕМ				YES	NO	NA
CBRND HAZARDOUS MATER subarea will receive a SATISFAC satisfactory rating.							
a. Does the Company have a HM/HW stored in the CBRND roo				erial inventory list of			
b. Does the Company conduc CBRND material inventories and							
c. Does the CBRND room ha (MSDS) of each hazard listed on							
d. Does the Company follow materiel (DS2, STB, M256A1, M2							
e. Does the Company follow hazards signs, if applicable? (AR		for posti	ng ap	propriate fire			
OVERALL HAZARDOUS MATE	RIAL/WAST	E RATII	ΝG				
<b>RADIATION SAFETY.</b> This area the applicable areas receive a safe MAJOR finding (danger to the solutionatic unsatisfactory rating.	tisfactory rat	ing. A u	nit re	ceiving an UNSAT			
GENERAL RADIATION CHECK	KS						
a. Does the unit have a publis reviewed by the Commander with NRC License, AMC Checklist)							
<ul><li>b. Has the unit RPO attended radioactive equipment on hand?(</li></ul>							
c. Has a Radiation Safety Offi in writing, and a copy of the duty 4b; USAREUR Reg 385-12, Para	orders are o				OATE: PA 04 10 12 & PHON		
d. Has areas containing radio appropriate warning label? (Cau 20.1901/1902, USAREUR Reg 38	tion-Radioac	tive Mat					

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN				CHECKLIST EFF D	ATE:	PAG	Е
COMPANY FUNCTIONAL A	AREA	RATIN	G	1 OCTOBER 200	$egin{array}{c c} 4 & & \\ 12 & & \end{array}$	11 (	)F
INSPECTION OFFICE/AGENCY G-3	UNI	I <b>T</b>	INS	SPECTOR'S NAME &		ONE	NUMB
I	ГЕМ				YES	NO	NA
e. Are all ICAMs (annually) w 180	ipe tested at	the pros	pecti	ive intervals? TB 43-			
f. Are smoking, drinking, eat prohibited in areas containing ra							
g. Does the RSO ensure that provide training on equipment co radioactive-producing equipment 40-5, AR 11-9	ntaining a ra	adioactiv	e sou	irce, or on			
h. Does the RSO maintain ra correcting noted deficiencies?	diation safet	y inspect	ion r	esults and plan for			
i. Does the RSO conduct a sematerials, and is a copy of the inv 9, 1-4 k (4) and applicable license	ventory main						
j. Are emergency notification containing radioactive sources an containing tritium devices, CBRN radioactive devices) AR 40-5, US	re stored or r ID rooms, sh	maintaine ops that	ed (e.	.g. arms rooms			
k. Are records showing result maintained on file for a minimum Checklist)							
l. Are copies of the following Storage Areas? (Applicable NRC				ew at the Radiation			
(1) Form NRC 3: Notice T	o Employees	;					
(2) "Caution-Radioactive N	/laterials" sig	ŋn					
(3) NRC License							
(4) Local and unit Radiati	on SOP's						
(5) Any reported violations	from the NF	RC and/o	USA	АСНРРМ			
(6) Emergency notification	POC's						
(7) Section 206 of the Ener	rgy Reorgani	zation Ad	t				
<ul> <li>m. Does the unit have a curre containing radioactive materials,</li> </ul>							

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30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN COMPANY FUNCTIONAL A	ATE AREA:		IG	1 OCTOBER 2004		PAG 12 (	
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NU
ľ	ГЕМ				YES	NO	NA
n. Are personnel aware of the from DRMO? AR 700-64, 5-15  o. Does the company proper	-	_					
p. Does the company proper M22s in a locked container, free radius of flammables and explosi USAREUR 50-03, APP C-7 and approximation of the company proper radius of section of the company proper radius of the compan	ly store M22 from flooding ves; appropr	2 ACADA g danger iate radi	s and and	CAMs (two or more outside the danger			
OVERALL RADIATION SAFETY	Y RATING:						
OVERALL COMPANY FUNCTION	ONAL AREA	RATIN	G:				
CBRND SOP							
TRAINING MANAGEMENT							
ADMINISTRATION							
LOGISTICS							
ORGANIZATIONAL MAINTEN	ANCE						
OPERATOR MAINTENANCE							
HAZARDOUS MATERIALS/WA	STE						
RADIATION SAFETY							

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION	PAM 1-201	ST	DATE OF	INSPECTI	ON		
FUNCTIONAL AREA/SUBORDIN COMPANY FUNCTIONAL A	ATE AREA:		_	ST EFF DA DBER 2004		AGE 13 O	
INSPECTION OFFICE/AGENCY G-3	UNI	T	INSPECTOR'S	NAME &	PHO	NE N	IUMB
Γ	ГЕМ				YES	NO	NA
NOTES:							
	VER <b>X</b>	IFICATIO	N				
			ature, Name, R	ank, Date			
Date			gnature, Name,	Rank,			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO			DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN	NATE AREA:	ATINO	CHECKLIST EFF D			
TITERRORISM/FORCE PROTEC	CTION (AT/FP)	AIING	1 OCTOBER 200	4	1 OF	· 3
INSPECTION OFFICE/AGENCY G-3	UNIT	IN	SPECTOR'S NAME &	PHO	ONE I	NU
I	TEM			YES	NO	N/
TASK: Evaluate at/fp program i	n units subordina	ate to 30 <sup>th</sup>	Medical Brigade			
<b>CONDITIONS</b> : Given required unit creates and sustains a successful AT/FP Prog		nce, chec	klists and training,			
STANDARD: IAW AR 525-13 Ar of Personnel, Information						
1. REFERENCES:						
a. USAREUR Regulation UR	190-40 "Serious	Incident I	Report", 4 June 1998			
b. EUCOM Pamphlet 25-2 "S Classified Information)	ecurity Awarenes	ss", 25 Jar	nuary 2001 (for			
c. USAREUR Pamphlet 385-1 (for FTX / Deployments)	.5 "Leaders Force	e Protecti	on Guide" 6 Sep 94			
d. Army Field Manual FM 10 Assessments & Controls)	0-14 "Risk Mana	gement",	April, 1998 (Risk			
e. DoD Joint Pub 3-07.2 "Join Terrorism", March,1998	t Tactics, Technic	ques and l	Procedures for Anti-			
f. DoD 0-2000.12-H, Protection Acts of Terrorism and Political Turbulence, dated 18 Au		nnel and A	Activities Against			
g. DoD Instruction 2000.16, 2001.	DoD Antiterroris	m Standa	rds, dated 14 June			
h. AR 525-13, Antiterrorism Personnel, Information, a Critical Resources, 4 January 20	nd	(AT/FP):	Security of			
i. USAREUR 525-13, Antiterr	corism, dated 4 Ja	anuary 20	02			
j. USAREUR Policy 23, Antite	errorism/Force P	rotection,	dated 4 May 2003			
l. 30th Medical Brigade Polic	y Letter, Antiterr	rorism (TE	BP)			

	30 <sup>th</sup> Medical Brigade COMMAND INSPECTION		ST		DATE OF INSPECT	ION			
	FUNCTIONAL AREA/SUBORDIN		31		CHECKLIST EFF DA	TE:	PAG	E	İ
Al	NTITERRORISM/FORCE PROTEC		PRATIN	IG	1 OCTOBER 2004		2 0		
	·	, ,							ļ
	INSPECTION OFFICE/AGENCY	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUI	иві
	G-3								
	ľ	ГЕМ	-			YES	NO	NA	
	3. SPECIFIC QUESTIONS:								İ
	a. Has an Antiterrorism/Force I in writing?	·	·	ficer/	NCO been appointed				
	b. Is the AT/FP Officer/NCO Le	vel II trained	?						
	c. Are current versions of the a	bove listed r	eference	s on l	nand?				
	d. Has the unit published an Op	perations Ord	der direc	ting A	AT/FP operations?				
	e. Does the unit have a copy of	the current A	ASG/BSE	3 AT/F	FP Plan?				
	f. Does the unit provide represe sessions and/or Joint Action Working			SB AT	/FP planning				
	g. Does the unit receive curren Intelligence/ASG/BSB channels?	t threat infor	mation t	hroug	gh				
	h. Are procedures established to on any threat information, THREAT								
	i. Are procedures established to incidents, credible threats, and pla OPREP channels to V Corps HQ an	inned or spor	ntaneous						
	j. Have all personnel assigned training upon arrival into the unit.	for more than	n a year	receiv	ved annual Level I				
	k. Are DA civilians and family rawareness training?	nembers ove	r the age	e of 14	4 receiving AT				
	l. Are records maintained which	h reflect indi	vidual/u	nit Le	vel I training status?				
	m. Are personnel performing A equipped?	T/FP guard d	luties pr	operly	y trained and				
	n. Are records maintained which	ch reflect AT/	FP guar	d traii	ning?				
	o. Are procedures established tunofficial individual and group travelat travelers receive the appropri	vel are prope	rly proce	essed	and approved, and				
	p. Is an AT/FP threat/vulnerabil activities for each deployment/exer		ent condi	ucted	during preparation				
	g. Is AT/FP guidance included i	n all operation	onal plar	s and	orders?				
	AETV-MB Form 1-201-R dated 1 Oc								

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION		T		DATE OF INSPECT	ION		
UNCTIONAL AREA/SUBORDIN	ATE AREA:			CHECKLIST EFF DA			
TITERRORISM/FORCE PROTEC	TION (AT/FP)	RATING	)	1 OCTOBER 2004	1	3 0	F 3
NSPECTION OFFICE/AGENCY G-3	UNIT		INS	PECTOR'S NAME &	PHO	ONE	NU
	ГЕМ				YES	NO	N
t. Are residential security asses		conduct	ed fo	or TDY, TCS and	120	110	141
u. 21. Are special security arra			el ar	nd their dependents			
v. Is current residential location amily members being maintained		for all Do	oD pe	ersonnel and their			
w. Are background checks bein ontractor support agencies utilize							
x. Are commanders participating test the command's AT respons							
ncidents?							
IOTES:							
	VERIF	ICATIO	N				
	x_ Unit P	OC Sign	_ atur	e, Name, Rank, Date			
	x Inspec	ctor's Sig	 Jnatı	ıre, Name, Rank,			
Pate							

30 <sup>th</sup> Medical Brigade COMMAND INSPECTIO				DATE OF INSPECTION				
FUNCTIONAL AREA/SUBORDIN	NATE AREA:	RATIN	IC.	CHECKLIST EFF DA				
MEDICAL RECORDS / M	IRO	KAIIN	IG	1 OCTOBER 2004	1 1	OF	2	
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	PECTOR'S NAME &	PHO	ONE	NUM	Bl
1	TEM				YES	NO	NA	
TASK: Maintain Medical Records	s.							
<b>CONDITIONS</b> : Given the missio records	n of establish	ing and	maint	aining unit medical				
STANDARDS: IAW the below cit	ed references	S						
1. REFERENCES:								
a. AR 40-2, Army Medical Tre	atment Facilit	ties, Gen	eral A	dministration				
b. AR 40-4, Army Medical Dep	oartment Faci	lities/Ac	tivities	S				
c. AR 40-15, Medical Warning	tag and Eme	rgency N	/ledica	al Identification				
d. AR 40-48, Non physician H	ealth Care Pr	oviders						
e. AR 40-66, Medical Record a	and Quality A	ssurance	Admi	inistration				
f. AR 40-68, Quality Assurance	e Administrat	ion						
g. AR 40-501, Standards of M	edical Fitness	3						
h. AR 40-562, Immunizations	and Chemopr	phylaxis						
i. HSC Pam 40-7-21								
j. USAREUR Suppl 1 to AR 40 Activities	-4, Army Med	lical Dep	artme	ent Facilities and				
2. PURPOSE: To ensure that me cited regulations	edical records	s are bei	ng ma	intained IAW all				
3. SPECIFIC QUESTIONS:								
a. Are the above references o	n hand, on or	der, or r	eadily	available?				
b. Is access to health care rec (Para 5-4, AR 40-66)	ords appropr	iately lin	nited t	o protect privacy?				
c. Does the medical facility for information? (Para 2-3, AR 40-66)		isclosure	e proc	edures for medical				
d. Are medical forms filed cor	rectly in the I	HREC? (	Para 5	-9, AR 40-66)				
e. Are health records filed usi 40-66)	ng the termin	al digit f	iling s	system? (Para 5-9, AR				

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECTI	ON		
FUNCTIONAL AREA/SUBORDIN MEDICAL RECORDS / ME	ATE AREA:		IG	CHECKLIST EFF DA 1 OCTOBER 2004		PAG	
INSPECTION OFFICE/AGENCY G-3	UNI	T	INS	PECTOR'S NAME &	PHO	ONE	NUM
ľ	ГЕМ				YES	NO	NA
h. Is a DA label 162 affixed to t medication allergies? (Para 5a and							
i. Are medical warning tags ord conditions requiring them? (Para 6		OA Form	3365	for medical			
j. Is the required patient identif AR 40-66)	fication on ea	ach recoi	rd doc	ument? (Para 3-2,			
k. Is the privacy act statement	signed? (Para	a 1-6c, A	R 40-2	2)			
l. Are enlisted personnel that as USAREUR Suppl 1 to AR 40-4)	re seeing pat	tients usi	ing the	e APC 21? (Para 20,			
m. Is documentation of APC 21 enlisted personnel who are seeing							
n. Is the HIPAA sticker placed regulation?	on the medic	cal recor	d IAW	the new HIPAA			
NOTES:							
	X	IFICATION POC Sig		e, Name, Rank, Date			
Date	Insp	ector"s S	Signat	ure, Name, Rank,			

30 <sup>th</sup> Medical Brigade COMMAND INSPECTION				DATE OF INSPECT	ION		
FUNCTIONAL AREA/SUBORDIN PATIENT ADMINISTRATION / or Units with Organic Patient Admir	ATE AREA:	RATIN	IG	1 OCTOBER 2004		PAG	
INSPECTION OFFICE/AGENCY G-3	UN	T	INS	SPECTOR'S NAME &	PHO	ONE	NU
Г	ГЕМ				YES	NO	NA
TASK: Maintain Patient Administrated and in a deployed environment	ration/Medic	al Regul	ating	Policies in Garrison			
<b>CONDITIONS</b> : Given the mission Administration/Medical Regulating		ing and	maint	caining unit Patient			
STANDARDS: IAW the below cite	ed reference	S					
1. REFERENCES:							
a. AR 40-350, Patient Regulation	ng to and Wi	thin the	Conti	nental United States			
b. AR 40-400, Patient Administ	ration						
c. AR 40-435, Worldwide Aeroi	nedical Evac	cuation					
d. AR 600-8-1, Army Casualty (	Operations/A	ssistanc	e/Insı	ırance			
e. AR 40-66, Medical Record a	nd Quality A	ssurance	Adm	inistration			
f. AR 638-2, Care and Dispositi Effects	on of Remai	ns and D	ispos	ition of Personal			
g. AR 40-501, Standards of Me	dical Fitness	6					
h. FM 8-10-6, Medical Evacuat	ion in a Thea	ater of O	perat	ions			
i. Headquarters, Department of DD Form 2766 and DD Form 2766			99-1,	subject: The Use of			
<b>2. PURPOSE:</b> To ensure that Pat policies are being maintained IAW			ınd M	ledical Regulating			
3. SPECIFIC QUESTIONS:							
a. Does the unit's FSOP addre	ss:						
(1) Procedures for establish	ment of regi	ister num	ıber i	ndex files?			
(2) Rules for medical care e Coalition soldiers, Enemy POW, dis environment?							
(3) Patient Administration a	nd Medical	Regulatir	ng rep	porting requirements?			
(4) Procedures for initiation	of Line of D	uty inve	stigat	ions?			

30 <sup>th</sup> Medical Brigade PAM 1-201 COMMAND INSPECTION CHECKLI			DATE OF INSP	ECTI	ON		
FUNCTIONAL AREA/SUBORDINATE AREA: PATIENT ADMINISTRATION / MRO or Units with Organic Patient Administration Se	RATINO	G	1 OCTOBER			PAG	
INSPECTION OFFICE/AGENCY UNI G-3	IT	INS	PECTOR'S NAM	<b>1E &amp;</b> 1	PHO	ONE	NU
ITEM	•			,	YES	NO	N/
(6) Procedures for submitting a request	for a hosp	oital b	ed designation?				
(7) Coordination for transfer of a military a military treatment facility? In a deployed the Coalition soldier, Enemy POW, Displaced Civilia treatment facility to a host nation and/or civilia	ater, coord an or U.S.	dinat Civili	ion for transfer o an from a militar	fa			
(8) In a deployed theater, a procedure fo Coalition and Host Nation facilities?	r tracking	J Ame	erican Soldiers in				
(9) A policy for storing Patient Trust Fun	nd items in	ı a se	cure storage area	a?			
(10) Established death, VSI, SI SPECAT notification procedures?	and specia	al inte	erest patient				
(11) A policy ensuring DD Form 2766 an outpatient field drop files, and inpatient recordepersonnel's home station upon redeployment?							
(12) Medical files for U.S. Civilians, NAT enemy prisoners are properly closed out prior t				d			
(13) Procedures for ensuring 91Gs are to on TRACE2S and PARRTS and are able to call is request?							
NOTES:							
				_			
				_			
				-			
				_			
				_			
X	IFICATION		e, Name, Rank, D	  ate			
X			ıre, Name, Rank,				
Date	2001 5 51		o, 1. a o, 1 a				

30 <sup>th</sup> Medical Brigade PAM 1-201 COMMAND INSPECTION CHECKLIST			DATE OF INSPECTION					
FUNCTIONAL AREA/SUBORDIN			CHECKLIST EFF DA	ATE:	PAG]	E		
91W TRANSITION/SUSTAINM	RATIN	IG	1 OCTOBER 200	4	1 0	F 3		
INSPECTION OFFICE/AGENCY G-3	UNIT	INS	SPECTOR'S NAME &	z PHO	ONE	NUM		
I	<u> </u> ГЕМ			YES	NO	NA		
TASK:. Evaluate 91W Transition		ogram	1	ILO	110	1 42 1		
CONDITIONS: Given references maintains a 91W Transition and Sustainment Progr		ning, u	init creates and					
STANDARD: IAW References ci	ted below							
1. REFERENCES:								
a. TC 8-800, dated Jun 02.								
b. 30 Medical Brigade 91W S	OP.							
2. PURPOSE: To assess the effective Sustainment Program	ectiveness of the 91W	Tran	sition and					
3. SPECIFIC QUESTIONS:								
a. Are the references on hand	?							
b. Has the battalion level 91W	Manager been appoi	nted i	n writing?					
c. Are filed maintained on all 9	1Ws in the unit to in	clude	the 91Ws with ASIs?					
MODS ACCESS:								
a. Is there a roster maintained access is granted ( Read Only, Read/Write)?	l with 91W access inc	dicatir	ng which level of					
b. Is there a primary and alter	rnate person with MC	DS a	ccess for the unit?					
c. Do the CSMs, 1SGs, comparread/write access to MODS?	ny commanders and	other	unit personnel have					
d. Is the battalion level 91W Modules?	Manager proficient in	opera	ation of the 91W					

30 <sup>th</sup> Medical Brigade PAM 1-201 COMMAND INSPECTION CHECKLIST				DATE OF INSPECTION					
FUNCTIONAL AREA/SUBORDIN	ATE AREA:		!	CHECKLIST EFF DA	ATE:	PAG	Е		
91W TRANSITION/SUSTAINM	AINMENT PROGRAM 1 OCTOBER 2004		4 2 OF 3		3				
INSPECTION OFFICE/AGENCY	UNI	T	INS	SPECTOR'S NAME &	PHO	ONE	NUME		
G-3									
I	ГЕМ				YES	NO	NA		
MODS:									
a. Are records current and up to	o date?								
b. Are changes being reviewed?	P								
c. Are problems with the system being referred immediately to the appropriate personnel?									
SIMULATION MANNEQUIN TRA	AINING:								
a. Are the units sending transitioned 91W/91WM6s to Train-the-Trainer courses?									
b. Is there at least 2 course trained 91W in each battalion?									
c. Are at least 10% of all 91W/M	16s trained o	n and pr	oficie	ent in SIMMAN?					
SACMS-VT:									
a. Has the SACMS-VT Coordinator for the unit been identified?									
b. Are the lane scenarios IAW T test the key skills?	C 8-800 and	the unit	miss	ion, and set up only to					
c. Are the Skill Station Evaluate	ors fully trans	sitioned?							
d. Is all the required equipment on hand or has been ordered?									
e. Are all the evaluated medics tested on morphine administration using saline-filled syringes in lieu of actual morphine?									
f. Are the candidates completely	y transitioned	d prior to	the	SACMS-VT testing?					
g. Has a copy of the program been forwarded to the Brigade Command Sergeant Major and the 91W Program Manager?									
h. Is the DA Form 7442-R, Tracking Sheet (Table VIII) used as a unit level record of the soldier's Table VIII completion?									
REPORTS:									
a. Are the units submitting the	following rep	orts as r	equi	red:					
(1) Monthly 91W report, to include SACMS-VT.									
(2) Monthly SIMMAN Traini	(2) Monthly SIMMAN Training report.								
AETV-MB From dit20bB dintedah.06	tober:20010-	150 mada		+l-l 011M					

30 <sup>th</sup> Medical Brigade PAM 1-201 COMMAND INSPECTION CHECKLIST			DATE OF INSPECTION				
FUNCTIONAL AREA/SUBORDIN 91W TRANSITION/SUSTAINM	ATE AREA:	<b>IG</b>	CHECKLIST EFF I 1 OCTOBER 200		PAG		
INSPECTION OFFICE/AGENCY G-3	UNIT	1	SPECTOR'S NAME	& PH	ONE	NUM	
m	ГЕМ			YES	NO	NA	
NOTES:							
	VERIFICAT x	ΓΙΟN					
		Signa	ture, Name,				
Rank, Date	x		_				
Rank, Date	Inspector's	Sign	nature, Name,				